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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	30538/38451
	<b>First Inventor</b>	Allan W. Timms
	<b>Title</b>	AN IMPROVED PROCESS FOR THE PRODUCTION OF SUBSTITUTED THIOXANTHONES
	<b>Express Mail Label No.</b>	EV 323775529 US

21906 U.S. PTO  
10/613303



<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <input ]<br="" type="text" value="17"/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input ]<="" p="" type="text" value="17"/><p>5. Oath or Declaration [Total Pages <input ]<="" p="" type="text" value="17"/><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p><p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></p></p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text" value="04743"/>		or <input checked="" type="checkbox"/> Correspondence address below	
Name	MARSHALL, GERSTEIN & BORUN Richard B. Hoffman				
Address	6300 Sears Tower 233 S. Wacker Drive				
City	Chicago	State	IL	Zip Code	60606-6357
Country	US	Telephone	(312) 474-6300	Fax	(312) 474-0448

Name (Print/Type)	Richard H. Anderson	Registration No. (Attorney/Agent)	26,526
Signature		Date	July 3, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 323775529 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: July 3, 2003

Signature: (Richard Zimmermann)

16152 U.S. PTO  
07/03/03

PTO/SB/17 (01-03)  
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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	Not Yet Assigned	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Herewith	
		First Named Inventor	Allan W. Timms	
		Examiner Name	Not Yet Assigned	
		Group Art Unit	Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT	(\$)	641.00	Attorney Docket No.	30538/38451

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES				
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other					
<input type="checkbox"/> None						
Deposit Account						
Deposit Account Number: 13-2855						
Deposit Account Name: MARSHALL, GERSTEIN & BORUN						
The Commissioner is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below						
<input checked="" type="checkbox"/> Credit any overpayments						
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application						
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1001	750	2001	375	Utility filing fee	375.00	
1002	330	2002	165	Design filing fee		
1003	520	2003	260	Plant filing fee		
1004	750	2004	375	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)					(\$)	375.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Total Claims 18		Extra Claims		Fee from below		
Independent Claims 6		-20** =		x 42.00 =		
Multiple Dependent		-3** =		x 140.00 =		
Large Entity Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	** Reissue independent claims over original patent		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)					(\$)	266.00
**or number previously paid, if greater; For Reissues, see above						
SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Richard H. Anderson	Registration No. (Attorney/Agent)	26,526	Telephone	(312) 474-9556	
Signature	Richard H. Anderson	Date	July 3, 2003			

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Dated: July 3, 2003

Signature:

Richard (Zimmermann)

Application No. (if known): Not Yet Assigned

Attorney Docket No.: 30538/38451

## Certificate of Express Mailing Under 37 CFR 1.10

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RICHARD ZIMMERMANN  
Typed or printed name of person signing Certificate

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Application Data Sheet